



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF ARCHITECTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**VERIFICATION OF EMPLOYMENT**

**INSTRUCTION**

When applying by Direct Application, arrange for the Board office to receive a [Verification of Employment](#) form from each employer listed in the **PRACTICE EXPERIENCE** section of the application. A separate form is required for each period of full-time or part-time employment.

**APPLICANT INFORMATION** – *The applicant completes this section.*

1. Applicant Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
Street City State Zip
3. Employer: \_\_\_\_\_
4. Employer Address: \_\_\_\_\_  
Street City State Zip
5. Provide the following information about your employment by the employer named above.

DATES OF EMPLOYMENT						STATUS <i>Check One</i>		% OF TIME SPENT IN EACH PRACTICE CATEGORY																			
From			To			Hours per week	Partner	Corporate Director	Employee	Other (Explain)	Programming	Site & Environmental Analysis	Schematic Design	Engineering Systems Coordination.	Building Cost Analysis	Code Research	Design Development	Construction Documents	Specs & Materials Research	Document Checking & Coordination	Bidding Procedures	Construction Phase-Office	Construction Phase - Observation	Project Management	Office Management	Professional& Community Services	Teaching or Research
Mo	Day	Yr	Mo	Day	Yr																						

6. Check all services rendered by the employer named:
 

<input type="checkbox"/> Architecture	<input type="checkbox"/> Planning	<input type="checkbox"/> Construction Management
<input type="checkbox"/> Engineering	<input type="checkbox"/> Construction	<input type="checkbox"/> Interior Design/Contract Interiors
<input type="checkbox"/> Other: _____		
7. Enter the name of your **daily supervisor** at the employer named above: \_\_\_\_\_  
 Check the item that best describes your supervisor:
 

<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Planner	<input type="checkbox"/> Registered Landscape Architect
<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Contractor	<input type="checkbox"/> Interior Designer
<input type="checkbox"/> Other: _____		

I hereby authorize the Board to inquire of the employer named below in regard to my background and character. I invite full and complete response to all inquiries. I release said employer from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board. I hereby certify that all information that I have provided or attached is correct.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The person named above is applying for Delaware Architect licensure. To assess the applicant's professional qualifications, the Board requires verification of the extent, diversity and quality of his/her practical training and experience. Please complete the information below with sincere and conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to practice architecture. This information is compiled for use of the Board. Unless required by a Court order, we do not divulge to the applicant any of the information contained herein.

**EMPLOYER INFORMATION** – The applicant's **daily supervisor** at the employer named above completes this section.

- Your Name: \_\_\_\_\_
- Does (or did) the applicant work under your direct supervision while with the employer named in Item 3 above?  
Yes ☐ No ☐ If no, clarify: \_\_\_\_\_
- Are you registered to practice Architecture in the jurisdiction that the applicant entered in Item 4 above? Yes ☐ No ☐  
If yes, enter the date when you were initially registered in the jurisdiction.
- Are you *currently* with the employer named in Item 3 above? Yes ☐ No ☐
  - If yes, what is your position in relation to the employer? \_\_\_\_\_
  - If no, enter the following about your *current* employment or self-employment:  
Employer: \_\_\_\_\_ ☐ Self  
Employer Address: \_\_\_\_\_  
Street City State Zip  
What is your position in relation to this employer? \_\_\_\_\_
- Please review the information the applicant provided in Item 5 above and answer the following questions:  
Are the experiences he/she checked correct? Yes ☐ No ☐ If no, clarify: \_\_\_\_\_  
\_\_\_\_\_  
Is the other information correct? Yes ☐ No ☐ If no, explain what is incorrect: \_\_\_\_\_  
\_\_\_\_\_
- To the best of your knowledge, indicate the applicant's ability by placing an "X" in the appropriate spaces below. If you checked the unsatisfactory box for either technical competence or professional conduct, please submit a letter of explanation with this form.

	PERFORMANCE ON MOST RECENT DATE OF EMPLOYMENT					PERFORMANCE ON DATE OF THIS REPLY				
	Excellent	Satisfactory	Marginal	Unsatisfactory	Not Qualified to Answer	Excellent	Satisfactory	Marginal	Unsatisfactory	Not Qualified to Answer
TECHNICAL COMPETENCE										
PROFESSIONAL CONDUCT										

### CERTIFICATION

I hereby certify that all information I have provided on this form or attached is correct:

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEND COMPLETED FORM DIRECTLY THE BOARD OFFICE AT THE ADDRESS ABOVE. THE BOARD WILL ACCEPT ONLY ORIGINAL, SIGNED FORMS. INCOMPLETE FORMS WILL BE RETURNED.**